

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10/521118**  
AFFILIANT(S)

FILING DATE

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51						
2		/					52						
3		/					53						
4		/					54						
5		/					55						
6		/					56						
7		/					57						
8		/					58						
9		/					59						
10		/					60						
11		/					61						
12		/					62						
13		/					63						
14		/					64						
15		/					65						
16		/					66						
17		/					67						
18		/					68						
19		/					69						
20		/					70						
21		/					71						
22		/					72						
23		/					73						
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25	/	/					75						
26	/	/					76						
27		/					77						
28		/					78						
29	/	/					79						
30		/					80						
31		/					81						
32		/					82						
33	/	/					83						
34		/					84						
35		/					85						
36		/					86						
37	/	/					87						
38		/					88						
39		/					89						
40	/	/					90						
41		/					91						
42		/					92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	6	↓		↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	35	←		←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS	42						TOTAL CLAIMS						